



# MaMoni

## Integrated Safe Motherhood, Newborn Care and Family Planning Project



Sabera Begum, FWA, counseling Romoni Sautal, a mother on breastfeeding positioning and attachment in a routine PNC visit at Brindaban Tea Estate, Putijuri union, Bahubal upazila, Habiganj

## Quarterly Report

October 1 – December 31, 2011

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Save the Children

## List of Abbreviations

ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services
ACPR	Associates for Community Population Research
AED	Academy for Educational Development
A&T	Alive and Thrive
CAG	Community Action Group
CC	Community Clinic
CCMG	Community Clinic Management Group
CHW	Community Health Workers
CM	Community Mobilization/Community Mobilizer
CS	Civil Surgeon
CSM	Community Supervisor/Mobilizer
DDFP	Deputy Director, Family Planning
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
EmOC	Emergency Obstetric Care
ENC	Essential Newborn Care
FIVDB	Friends in Village Development, Bangladesh
FPI	Family Planning Inspectors
FWA	Family Welfare Assistant
FWV	Family Welfare Visitors
GOB	Government of Bangladesh
ICDDR,B	International Centre for Diarrhoeal Diseases Research, Bangladesh
IYCF	Infant and Young Child Feeding
IMCI	Integrated Management of Childhood Illnesses
MCH	Maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MNH	Maternal and newborn health
MOH&FW	Ministry of Health and Family Welfare
MWRA	Married Women of Reproductive Age
PHC	Primary Health Care
PNC	Postnatal Care
SBA	Skilled Birth Attendant
SMC	Social Marketing Company
SSFP	Smiling Sun Franchise Project
TBA	Traditional birth attendant
UPHCP	Urban Primary Health Care Project
WRA	White Ribbon Alliance

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## A. Introduction

The key themes to summarize the first quarter of third year of operations for MaMoni- Integrated Safe Motherhood, Newborn Care and Family Planning Project would be consolidating gains and ensuring program quality. This associate award under MCHIP scaled down the intervention in Sylhet and accelerated the momentum of key MNH-FP interventions on the ground in Habiganj.

The impact of the reduced number of staffing in Sylhet is described in the startup activities section. MaMoni also completed the nutrition intervention in Sylhet in December, and is examining the results to design a nutrition promotion strategy for Habiganj.

This report highlights the key activities between October and December 2011.

## B. Key Activities

### *Startup Activities*

#### **Baseline surveys and Formative Research**

Alive & Thrive project conducted a baseline survey on IYCF in Bishwanath and Companyganj upazila between July & September 2011. 1,065 mothers of under-1 yr children were surveyed, along with FGDs and in-depth interviews with health workers and community influencers. Preliminary data is now available, the final report is being prepared. Some key findings are as follows:

- Only one in 20 mothers had knowledge on how to maintain supply of breast-milk or assess milk supply
- Large knowledge gap on critical areas of complementary feeding (less than one-third mothers could mention correct amount of food for children at 7 or 10 months)
- Less than 10% of mothers have ever seen or used micronutrient powder (MNP)
- Around 40% mothers took any iron supplementation in her last pregnancy

The finding from the survey highlight a need for a focused integrated intervention for IYCF.

USAID supported FANTA-2 project similarly conducted a situation analysis of Essential Nutrition Action (ENA) components in Habiganj districts. The findings were used to develop a set of recommendations for MaMoni to adopt to ensure integration of nutrition within the existing intervention components.

#### **Scale-down of Interventions in Sylhet**

As planned, MaMoni phased out majority of community level staff and scaled down the program in Sylhet. Save the Children handed over the program operations to the partner NGOs, FIVDB and Shimantik. A project management unit, comprising of staff from both NGOs, is operating in Sylhet. Upazila level offices were closed, and remaining staff were housed by local government office or health facility. Table 1 shows a comparison of the NGO staff strength before and after scale-down.

**Table 1: MaMoni implementation staff pattern in Sylhet before and after Sep 30, 2011**

Staff Category	Before	After	Remarks
Project Coordinator	2	2	1 for each partner NGO
District M&E Officer	2	1	Shared position for M&E, documentation
F&A Officer, support (district)	4	2	
IT officer (district)	1 (0.5+0.5)	1 (0.5+0.5)	2 positions at 50% LOE
Upazila Team Leader	7	7	
Field Support Officer	16	0 (3*)	* 3 positions supported by A&T for nutrition component through March 2012
CSM/CM	64	14	Renamed Field Facilitator
CHW	220	82	70 in charge of single FP units, others shared
Upazila Fin/Adm, Support	7	0	
<b>Total</b>	<b>339</b>	<b>109 (112*)</b>	

### MaMoni Staff and Volunteers Accepted into Government Programs

Several MaMoni staff and volunteers have been employed by the government. They were recognized for their performance and have been absorbed into national programs from this quarter. The following table summarizes the recent hires.

**Table 2: MaMoni staff hired by MOH&FW**

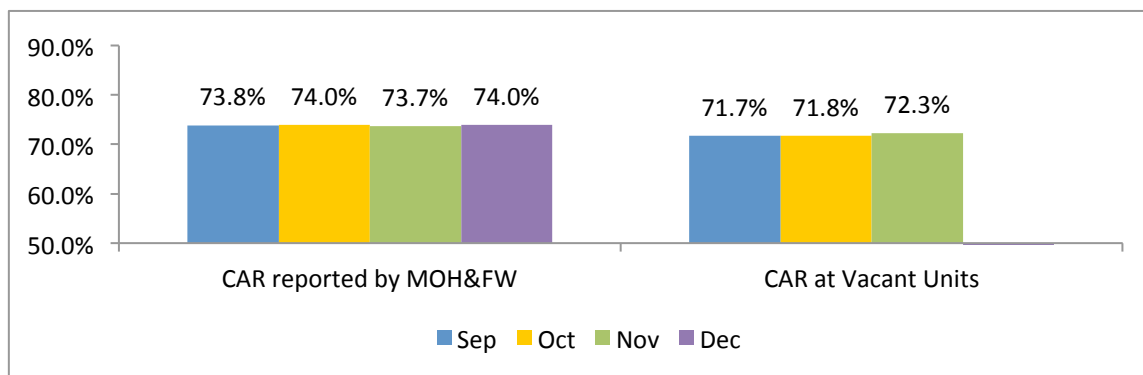
Name	Designation	Working area	New Title	Working area
Sukriti Rani Paul	CHW	Balaganj, Sylhet	FWA	Balaganj, Sylhet
Shilpi Rani Das	CHW	Balaganj, Sylhet	FWA	Balaganj, Sylhet
Lutfa Begum	CHW	Balaganj, Sylhet	FWA	Balaganj, Sylhet
Suma Rani Dev	CHW	Balaganj, Sylhet	FWA	Balaganj, Sylhet
Dwipika Rani Majumder	CHW	Bishwanath, Sylhet	FWA	Bishwanath, Sylhet
Sima Rani Sarker	CHW	Bishwanath, Sylhet	FWA	Bishwanath, Sylhet
Nurunnahar	CHW	Bishwanath, Sylhet	FWA	Bishwanath, Sylhet
Popi Rani Nath	CHW	Golapganj, Sylhet	FWA	Golapganj, Sylhet
Roksana Begum	CHW	Bishwanath, Sylhet	FWA	Zakiganj, Sylhet
Sottobati Das	CHW	Companyganj, Sylhet	FWA	Companyganj, Sylhet
Shamima Begum	FSO	Gowainghat, Sylhet	UFPA	Gowainghat, Sylhet

In addition GAVI/HSS have hired 12 EPI volunteers supported by MaMoni to continue their work in Baniachang, Habiganj. They were supported by MaMoni from March-December 2011.

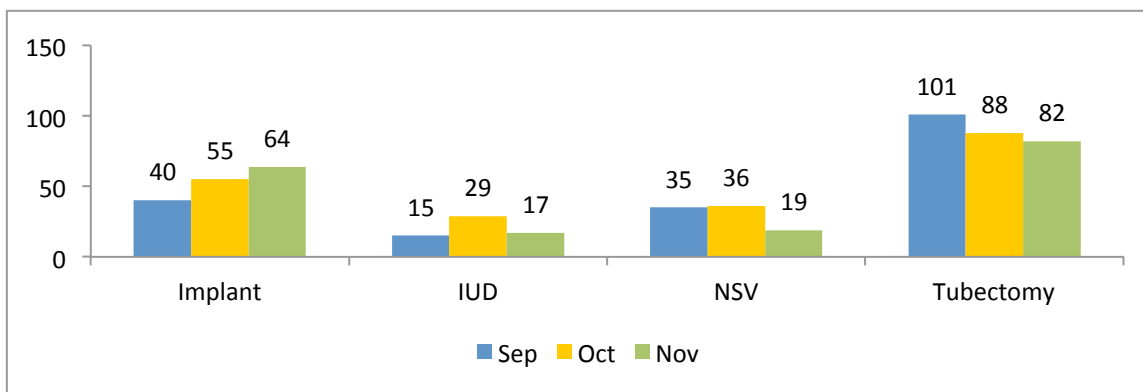
### Case Study: Sustaining performance in Sylhet

Figure 1 illustrates three key MNH-FP indicators for Sylhet over September (before scale down), October and November (after scale-down) 2011. It is difficult to reach a definite conclusion because of seasonal

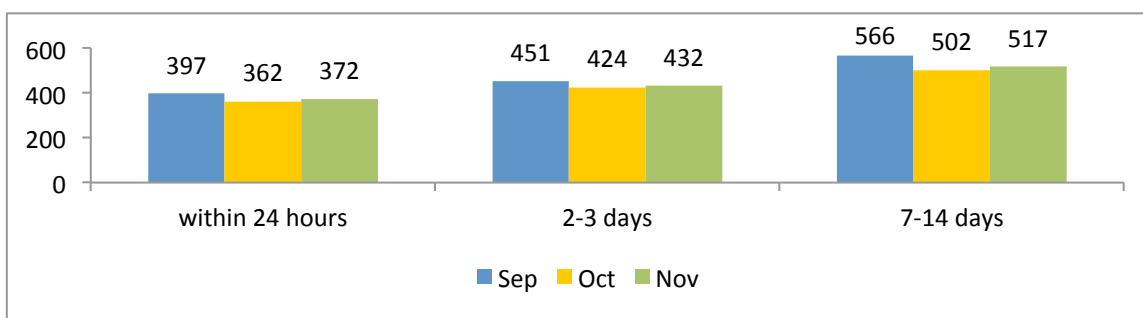
variation, but trend do not show a significant change in any of the indicators. As Fenchuganj and Jaintapur do not have any vacant FWA unit, they were excluded from some indicators.



**Figure 1a: Contraceptive Acceptance Rate (CAR) in all 7 upazilas of Sylhet**



**Figure 1b: LAPM referral by MaMoni volunteers in 5 upazilas (Fenchuganj and Jaintapur excluded)**



**Figure 1c: PNC visits in vacant and underserved units in 5 upazilas (Fenchuganj and Jaintapur excluded)**

## Objective 1: Increase knowledge, skills and practices of healthy maternal and neonatal behaviors in the home

### MaMoni package delivered at household level by community based workers

In Habiganj, government workers, mainly FWAs and HAs, are delivering MaMoni package at household level. MaMoni has deployed 41 CHWs and 14 paramedics in Habiganj to address the vacant positions.

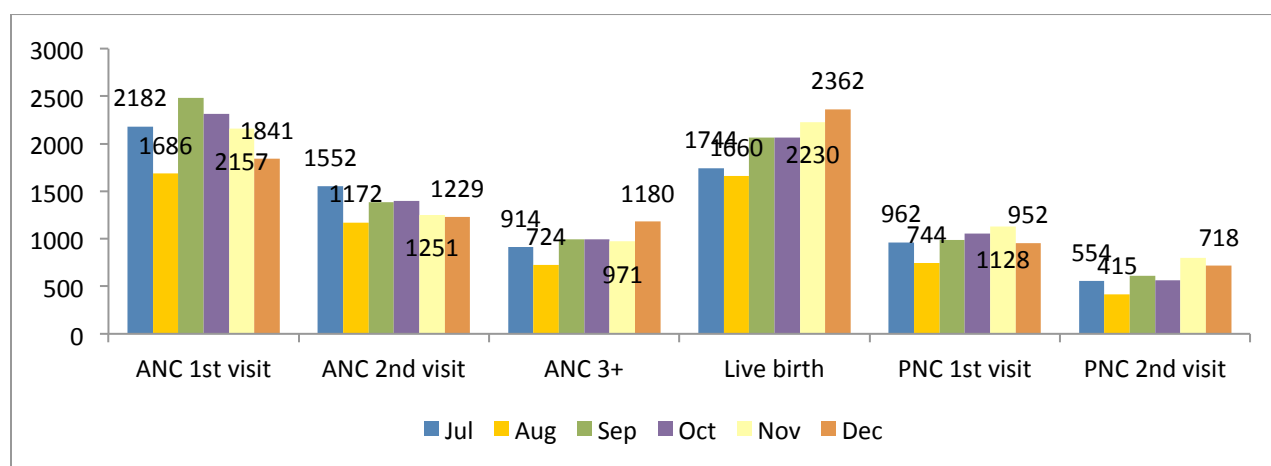


Figure 2: Key MNH performance indicators for the quarter

### Temporary workers provided to support vacant units in Habiganj

MaMoni is providing a number of temporary workers in key vacant units in Habiganj. MaMoni has received financial support from KOICA/Save the Children-Korea to provide 6 paramedics in Shibpasha and Kakailseo unions of Ajmiriganj upazila. Table 2 shows the breakdown of the temporary workers.

Table -2: Summary of Vacant Positions and MaMoni Support in Habiganj

	FWA vacant	HA vacant	MaMoni CHWs deployed	FWV Vacant	MaMoni Paramedics deployed	Additional Paramedics from Feb 2012
Ajmiriganj	7	3	4	1	6*	1***
Bahubal	9	0	3	1	1	0
Baniachong	14	21**	8	5	3	9***
Chunarughat	7	5	4	6	0	0
Lakhai	11	1	10	3	2	0
Madhabpur	14	4	7	5	1	0
Nabiganj	6	3	4	2	1	4***
Sadar	1	2	1	3	0	0
<b>Total</b>	<b>69</b>	<b>39</b>	<b>41</b>	<b>26</b>	<b>14</b>	<b>14</b>

- \* 6 paramedics are provided by KOICA/Save the Children-Korea to support ANC, PNC and delivery
- \*\*16 HAs have been recruited, but not deployed because of a pending lawsuit in Baniachong
- \*\*\* with support from KOICA, Save the Children Korea and Save the Children UK

#### ***Additional funds leveraged to provide staff support in Habiganj***

As KOICA funding expands to two more upazilas of Habiganj (Baniachong and Nabiganj) from February 2012, an additional 10 paramedics will be recruited to support 5 underserved unions. This support, including existing support for Ajmiriganj will continue till December 2014.

Save the Children-UK is also supporting MaMoni activities by providing 4 paramedics in Ajmiriganj and Baniachong upazilas for 2 years as part of their Clinic Appeal campaign. Under this campaign, four UH&FWCs will be built in remote unions of Ajmiriganj and Baniachong.

Since March 2011, MaMoni has supported the travel cost of 12 GAVI volunteers and 1 EPI porter in Baniachong upazila of Habiganj to ensure that mothers and children receive critical TT immunization and other vaccines. GAVI/HSS recognized their contribution, and from Jan 2012 has employed them for one year .



## ***Objective 2: Increase appropriate and timely utilization of home and facility-based essential MNH and FP services***

### **Improved Quality of MOH&FW facility based providers to deliver MaMoni package**



Figure 3: FWV Mrinalini Dutta checking for proteinuria and Hb level at Putijuri FWC, Bahubal upazila, Habiganj

MaMoni introduced diagnostic strips for detecting proteinuria and hemoglobin levels of mothers coming for ANC. These strips are meant to be used at UH&FWC and satellite clinics by FWVs, SACMOs and MAs to identify pre-eclampsia and anemia. The existing ANC guideline requires using burners to test for proteinuria, which is cumbersome at satellite clinic level, and was not being done.

MaMoni, in partnership with Mayer Hashi project of EngenderHealth, OGSB and ICDDR,B, is developing a protocol to identify and manage pre-eclampsia at community level. Pre-eclampsia is the second largest cause of maternal mortality according to the BMMHS 2010<sup>1</sup>. Under this partnership, a loading dose of magnesium sulfate will be provided to mothers exhibiting symptoms of pre-eclampsia. MaMoni plans to roll out this intervention in Habiganj Sadar, Lakhai and Chunarughat upazilas from April 2012. A TOT has been planned for March 2012 involving

district and upazila level master trainers.

The pre-eclampsia/eclampsia management protocol developed by OGSB recommends a daily 1000mg calcium supplementation for mothers to prevent pre-eclampsia. MaMoni has secured funding from Seoul Broadcasting System, a Korean television station to purchase calcium tablets for mothers of Habiganj. The OGSB-MayerHashi-MaMoni partnership will also advocate to the MOH&FW to make calcium available through routine government channels.

### **TBA training in Habiganj**

MaMoni trained 395 TBAs in this quarter. This completed MaMoni's target to train one TBA from each village of Habiganj. MaMoni will continue to support these TBAs by bringing them together every four months for skills refresher and problem solving meetings. These TBAs have been thoroughly trained on maternal and newborn danger signs and they have been actively referring mothers and newborns from their community for complication management.

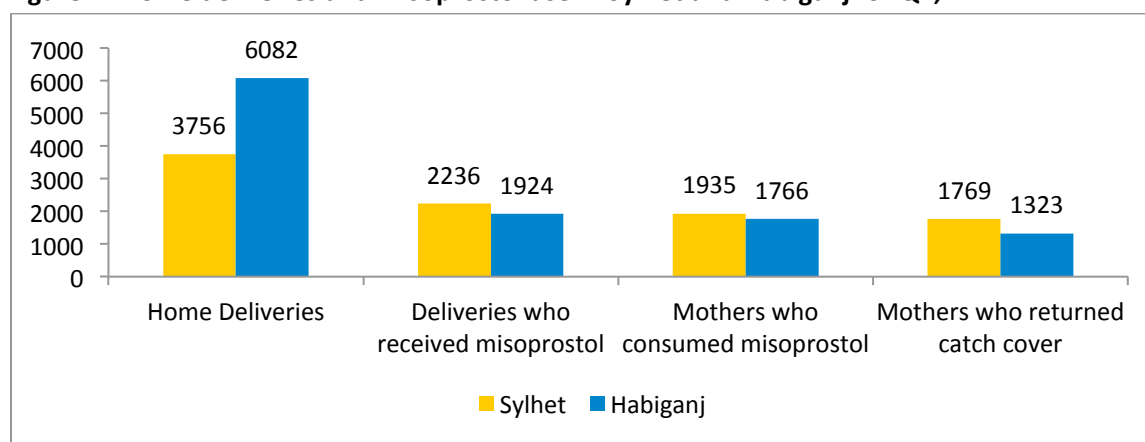
<sup>1</sup> Bangladesh Maternal Mortality and Health Survey 2010, conducted by NIPORT

## Misoprostol distribution in collaboration with VSI and EngenderHealth

MaMoni is distributing misoprostol in 7 upazilas of Sylhet and all 8 upazilas of Habiganj with technical support from EngenderHealth Mayer Hashi project. Venture Strategies Innovations (VSI), through local procurement arrangement has made misoprostol available for MaMoni for the duration of the project. The following figure shows the use of Misoprostol in MaMoni areas.

MaMoni switched to 400 microgram of misoprostol to align itself with new national recommendations, previous dosage was 600 microgram.

**Figure-4: Home deliveries and misoprostol use in Sylhet and Habiganj for Q1, FY'12**



## Facilities strengthened to deliver MaMoni package

MaMoni completed the renovation of the Maternal Child Welfare Centre (MCWC) at the district level, and three Union Health and Family Welfare Centres (UH&FWCs) in this quarter. All three UH&FWCs – Murakuri (Lakhai), Shibpasha and Kakailseo (Ajmiriganj) were prepared for normal vaginal delivery, and have begun provided delivery services.

The MCWC is one of only two facilities in Habiganj with proper staffing for EmOC services. Although Ajmiriganj and Chunarughat Upazila Health Complex were upgraded previously, neither has the Surgeon-Anesthetist pair required to support emergency C-Section.

MaMoni recruited six nurses and two doctors to support the gynae and pediatrics wards of Habiganj District Hospital. These support was provided because of increasing number of referrals to district hospital from the entire district. MaMoni also received approval from DGHS to begin renovation of gynae and pediatrics ward, and create a neonatal unit within the pediatrics ward.

## Success Story: Critical ANC/PNC and facility delivery services ensured in Shibpasha, Ajmiriganj

Shibpasha union of Ajmiriganj upazila, Habiganj did not have an FWV for over 5 years. For mothers of this remote union, one SACMO was the only person to go to for ANC, delivery and PNC services. MaMoni, through support from Korean government, placed a paramedic in the UH&FWC in March 2011, and also re-introduced the satellite clinics. Aziza Begum was the first paramedic deployed. Subsequently, in July, the facility was renovated to conduct delivery services and two other paramedics were deployed there. Figure 1 Shows the ANC/PNC utilization data of Shibpasha union for 2010 and 2011.

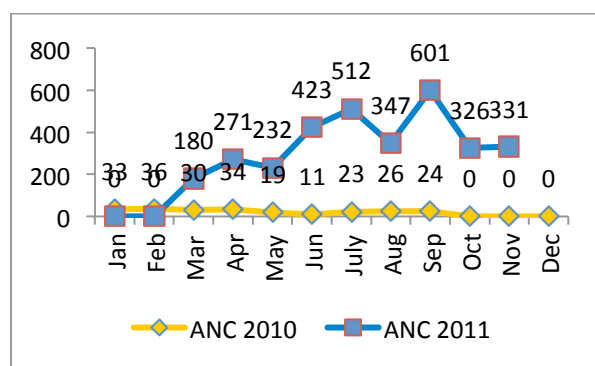


Figure 5a: ANC data in Shibpasha Union

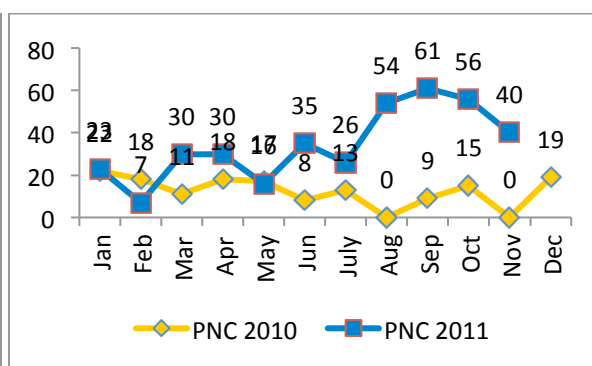


Figure 5b: PNC data in Shibpasha Union

The first mother Kalpona, wife of Dolon Miah from Kodomtara village, Shibpasha Union, Ajmiriganj Upazilla, Habiganj came at the FWC and gave birth of her daughter around 6pm on October 13, 2011. The baby was named Koica Begum. Paramedic Nasrin Begum conducted the delivery with the assistance of Dr. Prithish Kormoker, SACMO, Shibpasha FWC in-charge. After successful delivery of the newborn Koica Begum, mother, family members and services providers expressed their happiness. They are expecting that the facility strengthened under facilitation by MaMoni will continue and will have a positive changes in the catchments areas.



Figure 6 (from left): Baby Koica, with mother Kolpona (lying), paramedic Nasrin begum (in red) assisting, SACMO Prithish Kormoker examining the newborn, mother and baby girl, Nasrin examining the baby with mother-in-law.

Between October and December 2012, twelve babies were delivered at Shibpasha UH&FWC.

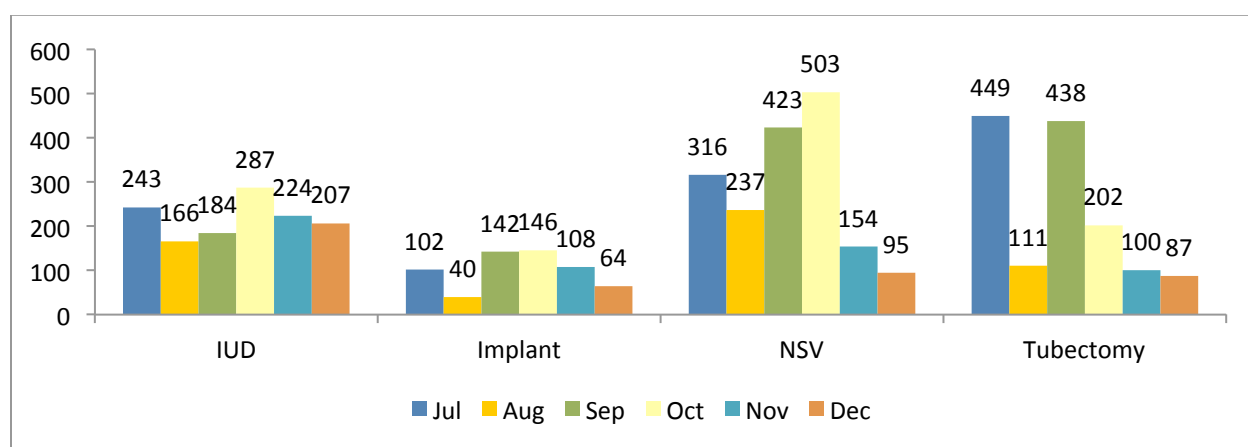
### ***Objective 3: Increase acceptance of FP methods and advance understanding of FP as a preventive health intervention for mothers and newborns***

#### **FP incorporated into household and community mobilization activities**

All FWAs, HAs and CHWs have been trained on FP both in Habiganj and Sylhet. This is the first time Health Assistants have been trained on FP and will play a key role at the community clinic level for FP counseling and referral.

#### **MaMoni supported LAPM in Habiganj**

Figure 7 showed LAPM performance in Habiganj from July-December period. Two factors contributed to lower performance than previous quarter, winter season, when clients are reluctant to undergo operations, and a program budget shortfall on the part of the government in December. NSV and tubectomy clients are provided a financial incentive to account for travel and time off from work, and there was a budget constraint. As the new sector plan and operational plans have been approved, this is no longer an issue from January 2012. MaMoni is closely following up on this matter.



**Figure 7:** LAPM performance in Habiganj in last two quarters

### Success Story: MaMoni volunteers increasing NSV in Baniachang



Figure 8: Motiur Rahman, NSV client with wife Shahana Akter & two children Alamgir, 7 and Farzana, 4

Motiur Rahman, 40, of Hazrabari village, Baniachang upazila of Habiganj was motivated by MaMoni Volunteer Salatun Begum, 52 to undergo NSV on October 15, 2011. Motiur has two children, Alamgir, 7 and Farzana, 4 with his wife Shahana Akter, 25. Motiur is a day laborer with a monthly income of 3,500. He and his wife discussed not having any more children, but he was concerned about side effects of permanent method, and did not pursue it before. Finally, a discussion with Abu Bakr, a satisfied client introduced by Salatun, convinced him to take the step.

Salatun, a housewife with seven children lives at adjacent Kamal Khani village. She was engaged by MaMoni for community mobilization activities on September 2010. Husband Mujibur Rahman, 62 is a poor fisherman. They have struggled to provide for their children over the years, and she became motivated to help others. Salatun was trained on community mobilization, group facilitation and MNH-FP messages and counseling. She developed a community action group in her community which meets every month to discuss problems in the community.

Salatun approached Shahana Akter, wife of Motiur with FP information. She explained the side effects of each method. Shahana shared the message with her husband and got him to agree to meet Abu Bakar, Salatun's first referral. Dr. Jasim Uddin Bhuyan, Deputy Director, Family Planning, Habiganaj performed NSV on Motiur at Baniachong UHC on 15<sup>th</sup> October 2011. He appreciates the contribution of MaMoni community volunteers to increase FP acceptance and especially their success in increasing NSV clients.

A total of 7,000 volunteers have been developed in Habiganj, 1116 in Baniachang upazila. Volunteers in Baniachang are motivating clients in 382 villages, covering 317,560 population. Between June and October 2011, 87 clients underwent NSV at Baniachang, all of whom were referred by MaMoni Volunteers.

## ***Objective 4: Improve key systems for effective service delivery, community mobilization and advocacy***

### **Joint Supervision Visits to improve Service Delivery**



Figure 9: Dr. M A Munim, Asst Director, Health, at a CC JSV at Golapganj, Sylhet

MaMoni conducted 43 joint supervision visits (JSV) this quarter with the Master Trainers in Habiganj. Similarly, 22 JSVs were conducted in Sylhet. These visits included FWC, CC and satellite clinic quality check, PNC of mothers and newborns, training and other activities.

### **Supportive Supervision Training for frontline supervisors**

MaMoni conducted 3 batches of supportive supervision training for DGHS supervisors (HI, AHI) and MaMoni staff. 87 supervisors were trained in this quarter. All frontline supervisors (FPI, AHI, HI) of Habiganj have been trained on supportive supervision. Partners in Health and Development (PHD), a national NGO facilitated the training.



Figure 10: Supportive Supervision training session

### **Micro planning meetings introduced to increase service coverage**

MaMoni is continuing micro planning at the ward/unit level where the CHW, FWA and HA jointly develop action plan to ensure universal coverage at the unit level. MaMoni volunteers from selected villages also attend the meetings and share their village level information. MaMoni is planning a refresher training for meeting participants in the next quarter to improve quality of these meetings.

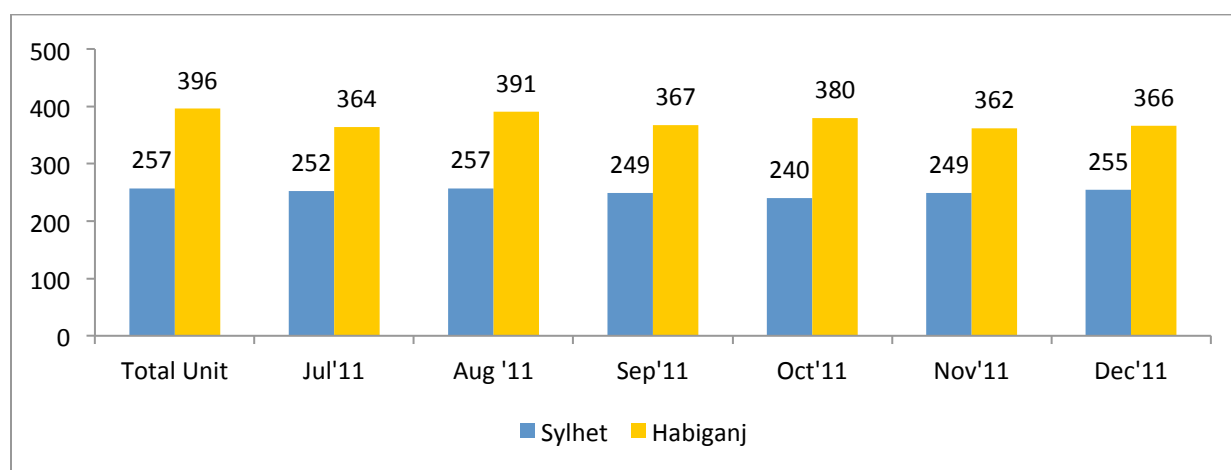


Figure 11: Trend of Micro Planning Meetings in last two quarters

## MaMoni Support to FP-MIS for FWV register revision

MaMoni is piloting a “streamlined” set of registers for FWVs in Poil union of Sadar upazila. Discussions are underway for DGFP-MIS unit to use the lessons from this intervention to revise their national forms in the next revision, planned in the second quarter of 2012.

## Success Story: Mukti Rani acts as a Depot Holder to ensure FP commodities in her community



**Figure 12:** Mukti Rani, a depot holder

Mukti Rani Biswas. 52, living at Gatti village, Jaintapur Union, Jaintapur Upazila, Sylhet district. She has been attending deliveries for last two decades. “At the primary stage, I was in the dark, and had no proper knowledge of safe and clean deliveries, which I am doing confidently now.” Mukti Rani who is a mother of her five children and now she is a grandmother. Mukti Rani was listed as TBA in 2006 during ACCESS period and was selected for participating in TBA orientation. After receiving one day orientation, Mukti Rani was selected for seven day

competency based basic training on home based safe and clean delivery in July 2007. Based on her performance, MaMoni Upazila team selected her as community based depot holder who will perform delivery activities as well as work as depot holder and ensure supplies of FP commodities from alternative sources.

Mukti Received two day long orientation on Depot holder activities in August 2010 and she was linked with local FP commodities suppliers SMC and BRAC. She says, ‘I distribute oral saline, condoms and pills. I also keep with me pills such as Shukhi and Femicon and regularly distribute those in near of my community’.

Mukti said, “Different trainings from Access and MaMoni project help me to learn how to conduct safe and clean deliveries at community level and when to refer. From the orientations and training she learnt to uses of clean delivery kit (CDK), Kangaroo mother care and overall delivery management and referral. Mukti enjoys this work very much.

Since the transition to the MaMoni model, almost 1,143 depot holders have been developed as a supply source for family planning products in Sylhet, and they have been linked with the supply chain of SSFP, BRAC and SMC. MaMoni trained depot holders such as Mukti increase demand and ensure alternative supplies and increase reach and coverage of family planning.



## ***Objective 5: Mobilize community action, support and demand for the practice of healthy MNH behaviors***

### **Community Volunteers given responsibilities of community mobilization**

MaMoni's new community mobilization strategy relies on using Community Volunteers (CVs) to organize the CM activities.

1,315 Community Action Groups (CAGs) have been formed in 1,286 villages in Habiganj, covering 57% of the villages. More than 80,000 community members participate in these groups, about 50% of whom are female.

CV Orientation	Oct	Nov	Dec
1 <sup>st</sup> Step	14	25	14
2 <sup>nd</sup> Step	627	133	627
3 <sup>rd</sup> Step	115	154	115
4 <sup>th</sup> Step	364	166	364

**Table 2: CV orientation for this quarter**

### **Local government engaged in CM activities**



**Figure 13:** Union Education, Health & FP Standing Committee in Bahubal, Habiganj

UH&FWC. Similar initiative was taken in Madhabpur, explained in the case study at the end of this objective.

MaMoni supported union health and FP standing committees. The committee meets every two months and allocated budget for MNH-FP activities. Examples of UP contribution include BP/stetho machines to health workers.

In Murakuri union, Lakhai, union and upazila parishad together pulled resources to fix the access road to Murakuri



**Figure 14:** Upazila chairman, Lakhai supporting access road construction in Murakuri union



### Support to RCHCIB Community Clinic Initiative to reinvigorate CG meetings

MaMoni is supporting the local community clinics to organize local level community group (CG/CCMG) meetings. There are 101 community clinics in Sylhet and 173 in Habiganj. Each community clinic is expected to have one community group (CG, previously CCMG) to oversee service availability, and three community support groups (CSGs) to promote services within community. MaMoni is facilitating the CGs to meet regularly on a monthly basis.

In Habiganj, 106 community groups are functional, even though they don't meet every month. MaMoni, through advocacy meetings and CAG initiative, have activated 49 of them.

MCHIP signed an MOU with RCHCIB project on December 19 to strengthen CGs in two districts.

### Conference on Community Engagement held on October 20



Figure 15: Guests at Conference on community engagement

MaMoni, in collaboration with RCHCIB (Community Clinic) Project of MOH&FW, Plan Bangladesh, Care Bangladesh and BRAC organized a half day conference to share experiences of community engagement. Secretary, MOH&FW, MCHIP Director and Director, OPHNE, USAID/Bangladesh were present at this conference.

Each partner presented their approach to engage communities to improve the health and nutrition of mothers, children and families.

**Success Story: Local Government and Community Initiative makes Community Clinic more accessible**



**Figure 16:** Access road created for Ambaria Community Clinic, Dhormaghar Union, Madhabpur Upazila, Habiganj

Ambaria Community Clinic, located at Ambari Village, Dhormaghar Union, Madhabpur Upazila, Habiganj district is about 30 km from Madhabpur Upazila and serves a catchment population of 8,000. The clinic is located in a low lying area hence, even a little rainfall floods the entrance. During the Monsoon season, this problem continues for a few months which is why regular clients mainly pregnant mothers do not risk going to the clinic for services. It is also difficult to sustain the service providers at the clinic for the same reasons. Abdur Rahim Mia, former member of ward number 7 initiated the process and helped the Mamoni Community Volunteer, Family Planning and Health staff to

raise concern over this issue with the Union Parishad (UP) Chairman. MaMoni, an integrated safe motherhood, newborn care and family planning project, funded by USAID builds capacity of the community by providing knowledge and skills related to maternal health, neonatal health and family planning. Community Volunteers (CVs) oriented by MaMoni are proactive community members who take the lead and are involved in conducting micro planning meetings, referral of critical cases to the hospital during emergencies, raising awareness about maternal and neonatal health and family planning issues and finding solutions to other social problems. They requested the Chairman to make an access road to the community clinic with the Union Parishad budget, but because elections were drawing near, the Chairman could not take immediate decisions but the road was eventually completed after 7 months in October 2011, after final approval. Through efforts and advocacy of the service providers of MaMoni and support of the Union Parishad, the access road to the clinic is complete and allows the community access to the community clinic throughout the year. The construction of the access road is expected to connect 8000 people from six villages in utilizing the Community Clinic facilities. Revitalization of Community Health Care Initiative (RCHCIB) Project in Bangladesh and USAID's flagship project MCHIP are committed to support the other in implementing the essential health care services through community clinics such as this one, with non-complementary roles and by establishing a collaborative relationship even at the grassroots.

## Objective 6: Increase key stakeholder leadership, commitment and action for these MNH approaches

### Collaboration with Unilever HWWS GDA to observe Global hand washing day (Oct 15)



Figure 17: TBA practicing hand-washing

From five primary schools in Biswanath Upazila in Sylhet, 777 students and 30 teachers took part in the activities to observe Global Hand Washing Day. 240 Community Volunteers and TBAs participated in three separate CAG group meetings and observed the program in Dewargach and Paschim Baniachang Union, Baniachang Upazila in Habiganj district.

During this week, 50,000 leaflets for TBAs and pregnant mothers, 5,000 posters with newborn messages and 4,000 soaps were handed over to MaMoni Dhaka



office from Unilever, to observe Hand Washing Day. This was sent to the field immediately. Another 3,800 vinyl posters for the CAG groups were donated from Unilever. Unilever-Lifebuoy is in a partnership with USAID-MCHIP to increase hand washing with soap (HWWS) to reduce neonatal mortality (mortality during the first 28 days of a child's life)..

### MaMoni participated in 7 billion population day observation



MaMoni Upazila teams from Nabiganj, Madhabpur, Habiganj Sadar and Chunarughat in Habiganj and Companiganj, Biswanath and Jaintapur in Sylhet organized rallies celebrating "World of Seven Billion" on October 29, 2011 jointly with respective Upazila family planning department.

### Exposure visit for Sylhet and Habiganj district and divisional managers



Figure 19: Visitors learning about FCHV activities of Nepalganj in Nepal

A 7 member team from Sylhet, Habiganj and Dhaka (See Annex 3 for names of participants) visited Bardya and Nawalparasi districts, Nepalganj region of Nepal to observe the community based newborn care project scaled up by Ministry of Health and Population (MOHP) of Nepal. MOHP Nepal has recruited Female Community Health Volunteers (FCHVs) to provide newborn care and identify newborn complications at home level. MaMoni intends to use the lesson from Nepal to strengthen identification and management of sick newborn in Habiganj district.

### Collaboration with Mobile Alliance for Maternal Action(MAMA/ former M4H)

MaMoni is supporting Mobile Alliance for Maternal Action (MAMA) initiative to test the platform to deliver vital health information to new and expectant mothers. Pregnant and recently delivered women of Balaganj and Gowainghat upazilas of Sylhet have been registered by 14 MaMoni CHWs to receive critical health messages bi-weekly through their mobile phones. MAMA will continue this activity through March 2012.

## *Project Management Activities*

### Detailed Implementation Plan for Upazila and Districts prepared

MaMoni has prepared Detailed Implementation Plan (DIP) for each upazila through an extensive consultation process. The process began in August and the plans were completed the first week of January.

## Overall Challenges

### Turnover at MOH&FW at various levels

Several key staff, who guided MaMoni intervention design and advocacy planning has left the government positions in this quarter. Some key turnovers include:

- **Director, Primary Health Care**, transferred
- **Director, IPHN**, transferred
- **UH&FPO, Baniachang**, retired
- **UH&FPO, Ajmiriganj**, transferred
- **UFPO, Habiganj Sadar and Lakhai**, retired

## Annex 1. Operational Plan Indicators (October - December 2011)

SI	Indicator	FY12 Target	Achievements (Cumulative)
<b>A</b>	<b>Operational Plan Indicator</b>		
<b>A1</b>	<b>MCH</b>		
1	Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	31,253	9,293 (30%)
2	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities	28,063	9,909 (35%)
3	Number of people trained in maternal/newborn health through USG-assisted programs	2,013	458 (23%)
4	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	12,025	5,541 (46%)
5	Number of newborns receiving essential newborn care through USG-supported programs	22,213	5,292(24%)
6	Number of women reached with hand washing messages to prevent infections during delivery with USG assistance	94,850	33,155 (35%)
<b>A2</b>	<b>FPRH</b>		
1	Couple years of protection (CYP) in USG-supported programs	210,763	95,599 (45%)
2	Number of people trained in FP/RH with USG funds	2,013	458 (23%)
3	Number of counseling visits for family planning/reproductive health as a result of USG assistance	1,154,413	384,229 (33%)
4	Number of USG-assisted service delivery points providing FP counseling or services	651	680 (104%)
<b>A3</b>	<b>Nutrition</b>		
1	Number of people trained in child health and nutrition through USG-supported health area programs	5,013	0 (0%)
2	Number of children reached by USG-supported nutrition programs	29,542	819 (3%)
<b>B</b>	<b>Custom Indicators</b>		
1	Number of ELCOs in MaMoni intervention areas		558,732
2	Number of pregnant women identified and registered in MaMoni intervention areas		28,946
3	Percent distribution of births by place of delivery		
	Home delivery		88%
	Facility delivery		12%
4	Percent distribution of non institutional live births by person providing assistance during childbirth		

SI	Indicator	FY12 Target	Achievements (Cumulative)
	Delivery by trained provider		16%
	Delivery by untrained provider		84%
5	Number of pregnant women of 3 <sup>rd</sup> trimester received misoprostol		7,381
6	Number of recent mothers who delivered at home consumed misoprostol immediately after birth		3,701
7	Percentage of villages in MaMoni intervention areas that have a Community Action Group (CAG)		70%
8	Number of Community Action Groups (CAGs) in MaMoni intervention areas		4,239
9	Percentage of Community Action Groups (CAG) that have representation from the nearest health facility		92%
10	Percentage of Community Action Groups (CAG) with an emergency transport system		95%
11	Percentage of Community Action Groups (CAG) with an emergency financing system		79%
12	Percentage of Community Action Groups (CAG) that met at least once in the last month		69%
13	Percentage of functional units where micro planning meetings were held		95%
14	Percentage of Joint Supervisory Visits (JSV) conducted against target		48%
15	Percent of Union Parishad Education, Health & FP Standing Committee that met at least once in the last two months		100%

## Annex 2. Visitors to the project between October - December 2011

Visitor	Organization	Dates	Purpose
<b>Dr. Saikhul Islam Helal</b>	PPC, MOH&FW	9 Oct	PPC Member visited Lakhai Upazila in Habiganj to observe CAG meeting, Community Clinic activities and MCWC
<b>Tina Sanghvi</b>	Alive and Thrive, FHI 360	18-20 Oct	Country Director and Deputy Country Director observed the implementation of IYCF activities in two selected Upazilas, Biswanath and Companiganj in Sylhet. The team also visited Bahubal and Chunarughat Upazila in Habiganj. Alive and Thrive will support scaling up of IYCF in Habiganj from January.
<b>Sumitro Roy</b>	Alive & Thrive, FHI 360		
<b>Koki Agarwal</b>	Director, MCHIP	22-23 Oct	M&E Advisor, OPHNE of USAID and the team observed health and family planning service provision at a community clinic, Family Welfare Center, Upazila health complex, MCWC and district hospital. They observed the improvement in quality health and family planning services through MaMoni efforts in the GOB existing health & family planning system. They visited Sadar, Bahubal, Chunarughat, Lakhai and Madhabpur Upazila in Habiganj.
<b>Kanta Jamil</b>	USAID		
<b>Mahbub Elahi Chowdhury</b>	ICDDR,B		
<b>Quamrun Nahar</b>	ICDDR,B		
<b>Md. Touhidul Islam</b>	UFPO-Lakhai , DGFP		
<b>Dr. M.A Mannan</b>	MO-Clinic, MCWC Habiganj		
<b>Dr. Shafiqur Rahman</b>	Civil Surgeon, Habiganj		
<b>Dr. Jashimuddin Bhuyan</b>	DDFP, Habiganj		
<b>Young Su Kim</b>	Save the Children, Korea	15 Nov	The Korean team observed motivation/ counseling for ANC,PNC and FP by MaMoni CHWs, female CAG meeting conducted by MaMoni CRP, administration of injectable contraceptive by MaMoni CHW, fortnightly meeting with GoB staff at different areas of Companiganj Upazila, Sylhet. Young Su Kim is a famous author who will be writing about the importance of CHWs as part of Save the Children's Every one campaign
<b>Hee Kyung Kim</b>			
<b>Ji Won Seo</b>			
<b>Simon Wright</b>	Save the Children, UK	17 Nov	Head of Health & HIV/AIDs, SCUK observed an ANC counseling visit, a FWC and observed services provided by a FWV, a CAG meeting, involvement of MaMoni in community clinic activities, a CV orientation and a micro planning meeting at Durlabpur village, Bohora Union, Madhabpur Upazila, Habiganj District. SCUK is supporting MaMoni to build 4 FWCs

			in Baniachong and Ajmiriganj upazilas of Habiganj.
<b>Ji Won Seo</b>	Save the Children Korea	22 Nov	Program Advisor of SC-K visited Shibpasha UH&FWC, Ajmiriganj Upazila, Habiganj and observed KOICA supported facility strengthening activities of MaMoni
<b>Arantza Quintana</b>	Anesvad foundation	6-7 Dec	Project Specialist of this Spanish NGO visited Biswanath Upazila and observed CHWs in FWA vacant unit, depot holders and community mobilization activities. Anesvad is in discussion with Save the Children for supporting additional MaMoni CHWs in Sylhet.



### Annex 3. Overseas Trips supported by MaMoni

Name	Designation	Dates	Country	Description
<b>Dr. Iqbal Hussain Chowdhury</b>	Divisional Director, Sylhet, DGHS	Oct 16-20, 2011	Nepal	Observe Nepal's CB-NCP program
<b>Md. Kutobuddin</b>	Divisional Director, Sylhet, DGFP	Oct 16-20, 2011	Nepal	
<b>Md. Moniruzzaman Siddiqui</b>	Deputy Director, Mohammadpur Fertility Center, Dhaka	Oct 16-20, 2011	Nepal	
<b>Shafiqur Rahman</b>	Civil Surgeon, Habiganj	Oct 16-20, 2011	Nepal	
<b>Md. Jashim Uddin Bhuiya</b>	Deputy Director, Family Planning, Habiganj	Oct 16-20, 2011	Nepal	
<b>Lutfun Naher Jasmin</b>	Deputy Director, Family Planning, Sylhet	Oct 16-20, 2011	Nepal	
<b>Nazmul Kabir</b>	Deputy Program Manager, FP, MaMoni	Oct 16-20, 2011	Nepal	
<b>Ishtiaq Mannan</b>	Chief of Party (MCHIP)	Oct 31-Nov 4 2011	USA	Participate in MCHIP Program learning meeting
<b>Ishtiaq Mannan</b>	Chief of Party (MCHIP)	Dec 6-12, 2011	Italy	Participate in Household to Hospital Continuum of Care meeting
<b>Nazmul Kabir</b>	Deputy Program Manager, FP, MaMoni	Nov 29 –Dec 2, 2011	Senegal	International FP conference